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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38018

FILED DEC 2 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9966

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Infirmry (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR 997

(c) City or town EAST ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4225 Bennett (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lieutenant Davis

3. (b) If veteran, name war None

3. (c) Social Security No. 355-01-2990

4. Sex Male 2

5. Color or race Col

6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1

6. (b) Name of husband or wife Carrie Davis

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 3 (Day) 1911 (Year)

8. AGE: Years 37 Months 4 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Clarksdale (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Steel Plant

FATHER
12. Name Harold Davis
13. Birthplace Birmingham (City, town, or county) Ala 1 (State or foreign country)

MOTHER
14. Maiden name Josie Sanders
15. Birthplace Clarksville (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Carrie Davis

(b) Address EAST ST. LOUIS, ILL

17. (a) EAST ST. LOUIS (Burial, cremation, or removal) (b) Date thereof NOV 16 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Sta

18. (a) Signature of funeral director [signature]

(b) Address EAST ST. LOUIS, ILL

19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 10/26/48, 19__, to 11-10/48, 19__; that I last saw h__ alive on 11/10/48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Nephritis

Due to Undetermined

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy

Duration: 2 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address [illegible] Date signed 11/11/48

(Licensed Embalmer's Statement on Reverse Side)

Dr Taylor

SEP 15 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3518

P. O. Address EAST ST. LOUIS, ILL.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.